

PART B - FEE(S) TRANSMITTAL

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27885 7590 07/10/2007

FAY SHARPE LLP
 1100 SUPERIOR AVENUE, SEVENTH FLOOR
 CLEVELAND, OH 44114

10/15/2007 HDESTA2 00000019 10774558

01 FC:1504 300.00 OP
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Georgeen B. Sonntag	(Depositor's name)
<i>Georgeen B. Sonntag</i>	(Signature)
October 10, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,558	02/09/2004	Leonard L. Diaddario JR.	PVOZ 2 00016	8970

TITLE OF INVENTION: USE OF N-ALLYL SUBSTITUTED AMINES AND THEIR SALTS AS BRIGHTENING AGENTS IN NICKEL PLATING BATHS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/10/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WONG, EDNA	1753	205-259000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FAY SHARPE LLP
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PAVCO, INC.

Charlotte, North Carolina, N.C.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Scott A. McCollister

Date October 9, 2007

Typed or printed name

Scott A. McCollister

Registration No.

33961

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